Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-3-08</u>	Address:	C.R. 29 North of U.S. 20
Case #:	<u>24F29140</u>		Goshen, IN
County:	Elkhart		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (a Residence Outbuilding	check all that apply) Hotel/Motel Open – No Structure
Dumpsi 🖂	te (only)	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) ☑ Lithium/Ammonia Reaction(s): <u>Ditch area</u>			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Ditch area			
Hydrochloric Acid Gas Generator(s): Ditch area			
Corrosive Acid:			
Corrosive Base:			
Other (item and location);			
∏ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —-
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Jefferson Twp.	Fax: <u>574-533-7987</u>	
Health Department: Elkhart Co.		Fax: <u>(574)</u> Fax:	
Child Protect	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case tile, and a copy sent to the Claudestine Laboratory Team Leader for retention.